

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 90

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Tortilla Coast

Mailing Address 400 1st Street SE

City	State	Zip Code
Washington	DC	20003-1826

Purpose of Disbursement
Restaurant Meals

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 11 / 2014

Amount of Each Disbursement this Period

32.93

Transaction ID : B-S-22400

[MEMO ITEM]

Subitemization of UMB Visa(01/23/15)

B. House Gift Shop

Mailing Address 529 14th Street NW

City	State	Zip Code
Washington	DC	20045-1002

Purpose of Disbursement
Constituent gift

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 11 / 2014

Amount of Each Disbursement this Period

24

Transaction ID : B-S-22401

[MEMO ITEM]

Subitemization of UMB Visa(01/23/15)

c. Uber Technologies, Inc. (Ubercab)Mailing Address 182 Howard Street
Suite 8

City	State	Zip Code
San Francisco	CA	94105-1611

Purpose of Disbursement
Travel: Transportation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 13 / 2014

Amount of Each Disbursement this Period

20.55

Transaction ID : B-S-22405

[MEMO ITEM]

Subitemization of UMB Visa(01/23/15)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
